

SCC eFile	2012 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	212544713			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: ASSOCIATION FOR PERSONS IN SUPPORTED EMPLOYMENT</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: KATHERINE INGE 1314 W. MAIN ST. RICHMOND, VA 23220</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: RICHMOND CITY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: VA</p> </div> <div style="width: 35%; text-align: right;"> <p>DUE DATE: 9/30/2012</p> <p>SCC ID NO: 03267580</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
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<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 1314 W MAIN STREET</p> <p style="margin-left: 40px;">CITY/ST/ZIP: RICHMOND, VA 23220</p>					
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: DAVID HOFF TITLE: PRESIDENT ADDRESS: ICI-UMASS CITY/ST/ZIP/CO: 100 MORISSEY BOULEVARD BOSTON, MA 02125 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: DAVID HOFF TITLE: PRESIDENT ADDRESS: ICI-UMASS CITY/ST/ZIP/CO: 100 MORISSEY BOULEVARD BOSTON, MA 02125	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR
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NAME: BETSY BARNES TITLE: DIRECTOR ADDRESS: P.O. BOX 1437 CITY/ST/ZIP/CO: SLOT S-530 LITTLE ROCK, AR 72203	<input type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR			
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NAME:	VIC GABLE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	705 NEWTON ROAD		
CITY/ST/ZIP/CO:	BOWLING GREEN, OH 43402		
NAME:	PATRICIA GUTOWSKI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	GATEWAY SCHOOL		
CITY/ST/ZIP/CO:	60 HIGH STREET CARTERET, NJ 07008		
NAME:	LINDSEY HAASER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	ADVOCATIONS		
CITY/ST/ZIP/CO:	1 BUFFALO AVE NW #3303 CONCORD, NC 28025		
NAME:	LAURA OWENS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	451 HUNGERFORD DRIVE		
CITY/ST/ZIP/CO:	ROCKVILLE, MD 20850		
NAME:	ELLEN PERRY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	ADVOCACY IN ACTION		
CITY/ST/ZIP/CO:	119 FIDELITY STREET, A5 CARRBORO, NC 27510		
NAME:	Debbie Ball	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	401 S. Ivy St		
CITY/ST/ZIP/CO:	Escondido, CA 92025		
NAME:	Sam Dotzler	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1608 S. Ashland Av		
CITY/ST/ZIP/CO:	Chicago, IL 60608		
NAME:	Don Lavin	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	8406 Sunset Rd		
CITY/ST/ZIP/CO:	Spring Lake Park, MN 55432		
NAME:	Jeannine Pavlak	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	66 Industry Av		
CITY/ST/ZIP/CO:	Springfield , MA 01104		
NAME:	Derek Nord	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	150 Pillsbury Dr SE		
CITY/ST/ZIP/CO:	Minneapolis, MN 55455		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ LAURA OWENS	LAURA OWENS, DIRECTOR	11/20/2012	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE	

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.